

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY		Attorney Docket Number 14149-4US FC First Named Inventor Louis-Philippe Vézina et al.
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing <small>(surcharge (37 CFR 1.16(e)) required)</small>		Complete if known Application Number _____ Filing Date _____ Group Art Unit _____ Examiner Name _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROMOTER FOR REGULATING EXPRESSION OF FOREIGN GENES

the specification of which

☒ is attached hereto.

OR

☐ was filed on _____
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____
 and was amended on _____ (if applicable).
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/157,129	10/04/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**



020988

PATENT AND TRADEMARK OFFICE

Direct all correspondence to:



020988

PATENT AND TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Louis-Philippe

VÉZINA

Inventor's Signature _____ Date _____

Residence: City Neuville State Québec Country Canada Citizenship Canadian

Post Office Address 206, Route 138

City Neuville Province or State Québec Postal Code or Zip G0A 2R0 Country Canada

☒ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Marc-André

D'Aoust

Inventor's Signature _____ Date _____

Residence _____

City Québec State Québec Country Canada Citizenship Canadian

Post Office Address 939, avenue Manrèse, App. 2

City Québec Province or State Québec Postal Code G1S 2W9 Country Canada

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature _____ Date _____

Residence _____

City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

City _____ Province or State _____ Postal Code _____ Country _____

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature _____ Date _____

Residence: _____

City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

City _____ Province or State _____ Postal Code _____ Country _____

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

Applicant or Patentee: Louis-Philippe VÉZINA et al.
Serial or Patent No.: _____ Atty. Dkt. No.: 14 4US FC/ntb
Filed or Issued: _____
For: PROMOTER FOR REGULATING EXPRESSION OF FOREIGN GENES

**VERIFIED STATEMENT (DECLARATION) BY A NON-INVENTOR
SUPPORTING A CLAIM BY ANOTHER FOR SMALL ENTITY STATUS**

I hereby declare that I am making this verified statement to support a claim by MEDICAGO INC. for small entity status for purposes of paying reduced fees to the United States Patent and Trademark Office, regarding the invention entitled PROMOTER FOR REGULATING EXPRESSION OF FOREIGN GENES by inventor(s) Louis-Philippe Vézina; and Marc-André D'Aoust described in:

- ☒ (X) the specification filed herewith
☐ () application serial no. _____, filed _____
☐ () patent no. _____, issued _____

I hereby declare that the said inventors qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying fees to the United States Patent and Trademark Office.

I hereby declare that the said inventors have not assigned, granted, conveyed or licensed and are under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e), except as indicated below.

Each person, concern or organization to which said inventors have assigned, granted, conveyed, or licensed or are under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ () no such person, concern, or organization
☒ (X) persons, concerns or organizations listed below*

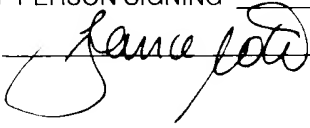
*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME MEDICAGO INC.
ADDRESS 2480, rue Hochelaga, Sainte-Foy, Québec, CANADA G1K 7P4
☐ () INDIVIDUAL ☒ (X) SMALL BUSINESS CONCERN ☐ () NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____
☐ () INDIVIDUAL ☐ () SMALL BUSINESS CONCERN ☐ () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING France Côté
ADDRESS OF PERSON SIGNING 102 de la Moselle, St-Lambert, Québec, Canada J4S 1W2
SIGNATURE:  DATE: October 2, 2000